米国宣誓者

(02127)

Docket No.: \_\_\_\_

U2002 P 80 US

## DECLARATION AND POWER OF ATTORNEY FOR APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

sought on the invention entitled: AN INTAKE AND METHOD FOR BREATHING AIR USING AN AIR INTAKE
described and claimed in the specification:
*a. A attached hereto.  b. I filed on as Application Serial No  I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to this application are hereby claimed:
Japanese Patent Application No. 2003-16,096 filed January 24, 2003
The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s):
I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:
James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; and Edward P. Walker, Reg. No. 31,450.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Typewritten Full Name of Sole or First Inventor	Hiroaki	KOBAYASHI		
	iven Name	Middle Initi	ial	Family Name
Inventor's Signature _	Hiroaki	Robayashi		
Date of Signature	Januar	y 7, 2004		
Residence Chofu City		kyo,	Japan	
CitizenshipJapanese	Sta	ate or Province		Country
Post Office Address	c/o Japan Ae	rospace Exploration	on Agency,	7-44-1,
(Insert complete mailing address, including country)	Jindaijihiga	shi-machi, Chofu (	City, Tokyo	, Japan

\*If Box a. is checked, this form may be executed only when attached to the specification (including claims) at the end thereof.

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

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## (Discard this page in a sole inventor application)

1	or point inventor	obuhiro		ATSUGU	_
2	Inventor's Signature	an Name	Middle Initial	Family Name	
3	-	~~~	y 7, 2004	7	_
3	Date of Signature Chofu City,			apan	-
	Residence Choru City, Citizenship Japanese	State or Provin		Country	-
	Post Office Address	c/o Japan Aer	ospace Exploration Age	ency, 7-44-1.	
	(Insert complete mailing address, including country)		hi-machi, Chofu City,		- -
1	Typewritten Full Name of Joint Inventor	Tetsuya en Name	SA'		- :·
2	-	etonya Sa	Middle Initial	Family Name	
3	Date of Signature	January	7, 2004		-
	Residence Chofu City,	Tokyo,	J	apan	_
	City	State or Provin		Country	_
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1		Takayuki	KOJ	IMA	
_	Giv	en Name	Middle Initial	Family Name	_
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3	Date of Signature	January			_
	Residence Chofu City,	Tokyo, State or Provid	Japan		_
	Citizenship Japanese	State of Provin	ice	Country	
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2					-
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	Residence Sagaminara C	State or Provi	agawa Pref.,	Japan Country	_
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1	Typewritten Full Name of Joint Inventor	en Name	Middle Taitie	Family Name	_
2	Inventor's Signature	an Name	Middle Initial	ramity Name	
3	Date of Signature	_ '		<u> </u>	_
-	Residence		48		-
	City	State or Provin	ice	Country	_
	Citizenship				_
	Post Office Address (Insert complete mailing address, including country)				<b>-</b> -

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line  $\bf 3$ .

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.